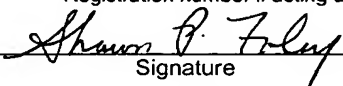


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) REGIM 3.3-026	
Application Number 10/501,318		Filed July 13, 2004	
For PROTECTION AGAINST THE NEUROTOXICITY OF OXALIPLATIN THROUGH THE ADMINISTRATION OF CALCIUM AND MAGNESIUM			
Art Unit N/A		Examiner Not Yet Assigned	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ 795.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.			
03/04/2005 MAY 18 00:00:13 121095 10501318			
02 FC:2234 795.00 PA			
<input type="checkbox"/> I am the	<input type="checkbox"/> applicant/inventor.		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>33,071</u>		
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.		
	Registration number if acting under 37 CFR 1.34 _____		
		<u>February 25, 2005</u>	
Signature		Date	
<u>Shawn P. Foley</u>		<u>(908) 518-6346</u>	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

Express Mail Label No. EV373692994US Dated: February 25, 2005